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Washington, D.C. 20549 FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D,

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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(cs) that apply) Rule 504 Rule 505. Rule 506 Section 4 Type of Filing New Filing Amendment	(6 \□ \unioe \text{in uioe}
A. BASIC IDENTIFICATION DATA	一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一 一
1. Enter the information requested about the issuer	一十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二
Name of Issuer : (check if this is an amendment and name has changed, and indicate change.)	
National Scientific Corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
8361 E. Evans Rd., Suite 106 Scottsdale AZ 85260	480-948-8324
Address of Principal Business Operations (Number and Street, City, State, Zip Code (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Our business involves the research, development, manufacture and sale of hardware and determining devices & digital video recording devices	software computer products & electronic locati
Type of Business Organization Corporation Limited partnership, already formed other business trust 2 limited partnership, to be formed	PROCESSED
Month Year Actual or Estimated Date of Incorporation or Organization: 06 53 Actual Estimated Date of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for St CN for Canada; FN for other foreign jurisdiction)	stimated : THOMSON FINANCIAL
GENERAL INSTRUCTIONS	
Federal:	D or Section 4(6), 17 CFR-230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offeri and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address giver which it is due, on the date it was mailed by United States registered or certified mail to that address.	ng. A notice is deemed filed with the U.S. Securities a below or, if received at that address after the date on
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C.	20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manu photocopies of the manually signed copy or bear typed or printed signatures.	ally signed. Any copies not manually signed-must be
Information Required: A new filing must contain all information requested. Amendments need only rethereto, the information requested in Part.C, and any material changes from the information previously su not be filed with the SEC.	port the name of the issuer and offering, any changes pplied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.	,
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) fo ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state latthis notice and must be completed.	e Securities Administrator in each state where sales for the exemption, a fee in the proper amount shall- w. The Appendix to the notice constitutes a part of
Failure to file notice in the appropriate states will not result in a loss of the federal	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Failure to file notice in the appropriate states will not result in a loss of the federal appropriate federal notice will not result in a loss of an available state exemption unfiling of a federal notice.	exemption. Conversely-fallure to file the- less-such exemption is predictated on the

Persons who respond to the collection of information contained in this form are pot required to respond unless the form displays a currently valid OMB control number.

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Business or Residence Address)	(Number and Str	cct. City. State. Zin	Code)	Table To the State	AN TESTAN			AND AND A LOCAL
C/O National Scientific Corp				ttsdale AZ 8	5260			46.4
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Ans	wer also in Appendix, Colu	imn 2, if filing under UI	.OE.		
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				Yes	<u>No</u> : -
Does the offering permit joint ownershi Enter the information requested for each	A Charles of Mark States and A	アト・ヘビ たば しょうたんこう つまっけっこうじ	rectly or indicate	lviany	坦克
commission or similar remuneration for s	solicitation of purchasers in	connection with sales of:	securities in the of	fering.	
If a person to be listed is an associated person to be listed is an associated person described by the proker of de	exison or agent of a broker or	dealer registered with the	SEC and/or with	a state	
a broker or dealer, you may set forth th	e information for that broke	er or dealer only.		2777年	
Full Name (Last name first, if individual)					
Business or Residence Address (Number and				2.4	计器
Name of Associated Broker or Dealer			Jan 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4-1-1-5
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Enter the aggregate offering price of securities included in this offering and the total amount alrea sold Enter "0" if the answer is "none "or zero." If the transaction is an exchange offering check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Equity ... 165.000.00 Partnership Interests Other (Specify Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 165,000.00 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of **Dollar Amount** Type of Offering Security Sold Rule 505 Regulation A Rule 504 0.00 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. BEST AVAILABLE COP The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... Legal Fees 1,000.00 1,000.00 Accounting Fees

1,000.00

Engineering Fees Sales Commissions (specify finders' fees separately)

Other Expenses (identify) FILING FEES

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b. Enter the difference between the aggregand total expenses furnished in response to Proceeds to the issuer. Indicate below the amount of the adjusted greath of the purposes shown. If the amount of the angusted greath of the purposes shown.	ate offering price given in response to Part C—art C—Question 4.a. This difference is the "adjuross proceed to the issuer used or proposed to let for any purpose is not known, furnish an estable of the payments listed must equal the adjuto Part C—Question 4.b above.	Question 1 usted gross be used for	Payments to Others S 10 10 10 10 10 10 10
and equipment			`\$
Construction or leasing of plant buildings	and facilities		· s
Acquisition of other businesses (including offering that may be used in exchange for issuer pursuant to a merger)	the value of securities involved in this the assets or securities of another	∏\$	□\$:
Repayment of indebtedness	<i>/</i> 2		67,225.00
	·		□\$ 97,775.00
Other (specify):			□\$ * ' '
Column Totals			\$ 165,000.00
Total Payments Listed (column totals adde		••	5,000.00
	Difederal-signature	A STATE OF THE STA	
he issuer has duly caused this notice to be signed gnature constitutes an undertaking by the issue te information furnished by the issuer to any n	d by the undersigned duly authorized person. If	this notice is filed under Rul	
suer (Print or Type) lational Scientific Corporation	Signature	Date 3/14/2007	
ame of Signer (Print or Type) ICHAEL A. GROLLMAN	Title of Signer (Print or Type) CEO		
		· · ·	· · · · · .

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ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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1.— Is any party described in 17 CFR 230.262 pro	sently subject to any of the disqualification	Yes Y	No.
	Appendix, Column 5, for state response.		2
2. The undersigned issuer hereby undertakes to fu	THE PARTY OF THE P	hich this notice is filed a notice	on Form
D (17 CFR 239.500) at such times as required	l by state law.		
issuer to offerees and			
4. The undersigned issuer represents that the iss limited Offering Exemption (ULOE) of the state of this exemption has the burden of establishing	ite in which this notice is filed and understands,	satisfied to be entitled to the that the issuer claiming the av	Uniform ailability
The issuer has read this notification and knows the conte		signed on its behalf by the und	lersigned.
fully authorized person			经特别
ssuer (Print or Type)	Signature	3/14/2007	
Name (Print or Type)	Title (Print or Type)	·	·;
MICHAEL A. GROLLMAN	CEO	•	

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Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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こり		Intend	l to sell	Type of security					Disqual under Sta	attach
		to non-a	ccredited s in State	offering price		Type o	f investor and irchased in State C-Item 2)		explana waiver (Part E	ition of
	11012	(Part B	-Item 1)	((Part C-Item 1)	Namber of	† \$((Par	C-Item 2) Number of		(Part E	Item)1))
	State	Yes	No a		Accredited Investors	Amount	Non-Accredited	Amount	.Yes	No.
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		Intended to non-a	to sell ccredited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of amount pu (Part	f investor and irchased in State C-Item 2)		Disqua under Sta (if yes, explan waiver (Part E	lification ate; ULOE attach attion of granted)	THE RESERVE OF THE PARTY OF THE
1	Ŝtatê	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors		Yes	No	1000
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A. BASICIDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. General and/or Check Box(es) that Apply: Beneficial Owner Executive Officer ✓ Promoter Managing Partner Full Name (Last name first, if individual) Brill, Michael Business or Residence Address (Number and Street, City, State, Zip Code) 1890 Bryant Street, #102, San Francisco, CA 94110 Check Box(es) that Apply: Executive Officer Promoter Beneficial Owner ✓ Director General and/or Managing Partner Full Name (Last name first, if individual) Davidge, Nicholas Business or Residence Address (Number and Street, City, State, Zip Code) 7 Fence Creek, Madison, CT 06443 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Engel, Peter F. Business or Residence Address (Number and Street, City, State, Zip Code) c/o JP Morgan, 560 Mission Street, 18th Floor, San Francisco, CA 94105 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☑ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Myers, Kenneth Business or Residence Address (Number and Street, City, State, Zip Code) 1890 Bryant Street, #102, San Francisco, CA 94110 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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1. Has the	issuer solo	l or does th	e issuer in	stend to sel	l to non-a	ccredited is	nvestors in	this offeri	nø?		Yes	No ⊠
1. 1145 (11)	. 155461 5010	i, or does in			Appendix,				-	***************************************	L	
2. What i	s the minim	um investm					· -				\$_ ^{50,6}	00.00
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	ne offering										R.	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of sucl a broker or dealer, you may set forth the information for that broker or dealer only. Full Name (Last name first, if individual)										he offering. with a state		
Full Name: None	(Last name	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	1 Street, Ci	tv. State, Z	ip Code)				•		
									_			
Name of As	sociated Br	oker or Dea	aler		•							
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(Check	"All States	or check	individual	States)	•••••••	***************************************	••••••				All States	
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MT	NE	NV	NH	NJ	NM)	NY	·NC	ND	OH	OK)	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	\overline{WY}	PR

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold s 0.00 Debt 843,900.00 Equity [7] Common Preferred 0.00 0.00 ______s 0.00 0.00 Other (Specify 843,900.00 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number of Purchases Investors s 843,900.00 0.00 Non-accredited Investors 0 Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Type of Offering Security Sold Rule 505 Regulation A Rule 504 \$ 0.00 Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. 0.00 Transfer Agent's Fees 0.00 Printing and Engraving Costs..... 5,000.00 Legal Fees Accounting Fees 0.00 Engineering Fees 0.00 0.00 Sales Commissions (specify finders' fees separately)..... 0.00 Other Expenses (identify)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

6

5,000.00

Total

	C. OFFERING PRICE, N	IUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
	and total expenses furnished in response to Part	offering price given in response to Part C — Que C — Question 4.a. This difference is the "adjuste	d gross	\$
5.	each of the purposes shown. If the amount for	is proceed to the issuer used or proposed to be used or any purpose is not known, furnish an estimated of the payments listed must equal the adjusted Part C — Question 4.b above.	te and	
	•		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$_0.00
	Purchase of real estate		\$ <u>0.00</u>	<u> </u>
				\$0.00
		d facilities		500,000.00
	Acquisition of other businesses (including the offering that may be used in exchange for the	e value of securities involved in this		\$_0.00
				s 0.00
	Working capital			\$ 469,999.00
	Other (specify): Moving costs		0.00	\$ 25,000.00
			s0.00	ss
	Column Totals			S 994,999.00
	Total Payments Listed (column totals added)			94,999.00
_		D. FEDERAL SIGNATURE		la de la companya de
ig	e issuer has duly caused this notice to be signed b nature constitutes an undertaking by the issuer t information furnished by the issuer to any non	o furnish to the U.S. Securities and Exchange C	ommission, upon writt	
SS	uer (Print or Type)	Signature 1	Date /	1
C	ushpad, Inc.	1/52 Musers	2/28,	10/
Na	me of Signer (Print or Type)	Title of Signer (Print of Type)		
(۵	nneth Myers	Chief Financial Officer		

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

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•	1 4	A STATE OF THE STA	2		A 12 4 10 10		4		5.5	
•		. Say . 4		Type of security					Disqualification under State ULO	E
4		Intend to non-a	ccredited -	and aggregate ;		Type of	investor and		(if yes, attach explanation of	
	$r > \hat{\chi} \hat{\chi}$	investor (Part B	s in State -Item 1)	offered in state (Part C-Item 1)	智慧		rchased in State C-Item 2)		waiver granted) (Part E-Item 1)	
11.4	State	Yes	ir v		Number of Accredited Investors	Amount	Number of Non-Accredited Investors			
	124 (BA)	多门地科	BALLESS A	· 自然的 · · · · · · · · · · · · · · · · · · ·	Partition of the	\$2.50 P 10	The state of the s	A Same Care		
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